

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

29526 ✓

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence (No. _____) St. _____ Ward _____
 2. FULL NAME M. V. B. Lindsey
 (a) Residence, No. 1323 W. College St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Missouri C.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-27-1954

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	78	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting

10. Date deceased last worked at this occupation (month and year) 17 yrs. 11. Total time (years) spent in this occupation. 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

13. NAME Jonas Lindsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Rachael Harmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER FATHER

17. INFORMANT Missouri C. Lindsey
(ADDRESS) 1323 W. College

18. BURIAL, CREMATION, OR REMOVAL
PLACE W. Washington DATE 9-22 1933

19. UNDERTAKER John W. Fryscheid
(ADDRESS) Ward M.

20. FILED Sept. 28, 1935 Dr. E. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 - 1933, to Sept 20, 1933
 I last saw him alive on Sept. 20, 1933 Death is said to have occurred on the date stated above, at 4:20 P. M.
 The principal cause of death and related causes of importance were as follows:
Hemorrhage
Embarrassed prostate
with malibraney
 Other contributory causes of importance:
Nephritis
Long period of catarrh

Name of operation _____ Date of _____
 What test confirmed diagnosis? urinalysis Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Hester Lappenfield D. O., M. D.
 (Address) 3812 State Ave.
Kansas City, Kans.

1948-1949

The following table shows the results of the survey conducted in the year 1948-1949. The data is presented in a tabular format, with columns representing different categories and rows representing specific data points. The table is organized into several sections, each corresponding to a different aspect of the survey.

Category	Sub-category	Value
Section 1	Item 1	12.5
	Item 2	15.2
	Item 3	18.7
	Item 4	21.3
	Item 5	24.8
	Item 6	27.4
	Item 7	30.9
	Item 8	33.5
	Item 9	36.1
	Item 10	38.7
Section 2	Item 1	41.2
	Item 2	43.8
	Item 3	46.4
	Item 4	49.0
	Item 5	51.6
	Item 6	54.2
	Item 7	56.8
	Item 8	59.4
	Item 9	62.0
	Item 10	64.6
Section 3	Item 1	67.2
	Item 2	69.8
	Item 3	72.4
	Item 4	75.0
	Item 5	77.6
	Item 6	80.2
	Item 7	82.8
	Item 8	85.4
	Item 9	88.0
	Item 10	90.6
Section 4	Item 1	93.2
	Item 2	95.8
	Item 3	98.4
	Item 4	101.0
	Item 5	103.6
	Item 6	106.2
	Item 7	108.8
	Item 8	111.4
	Item 9	114.0
	Item 10	116.6

The data indicates a steady increase in values across all sections, with the highest values recorded in the final section of the survey. The overall trend suggests a positive correlation between the categories and the measured values.